

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2011 JAN 12 AM 11:12

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Helen Miller

Political Party (if applicable)
Democratic

Office Sought
Representative

District (if Senate or House)
49th

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1445
Logged In	SW
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Sandy Strickland
SIGNATURE OF PERSON FILING REPORT

515-955-8301
TELEPHONE

1-11-11
DATE SIGNED

I AM FILING A January 19, 2011

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 6,152.39

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,605.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 7,757.39

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

4,075.82

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 3,681.57

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 2,215.43

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/23/10	ID# CK# 4105	Bernard Condon 2012 North 14th Court Fort Dodge, IA 50501		\$100	<input type="checkbox"/>
11/23/10	ID# CK# 1343	Mary Wilkins 3102 16th Ave No Fort Dodge, IA 50501		35	<input type="checkbox"/>
11/23/10	ID# CK# 5326	Dan & Sa Chu Bednar 1307 S 28th St Fort Dodge, IA 50501		20	<input type="checkbox"/>
11/23/10	ID# CK# 2384	Alf Lee 700 So. 17th St - Apt. E-514 Fort Dodge, IA 50501		25	<input type="checkbox"/>
11/23/10	ID# CK# 5124	Doug & Pam Sanders 1127 N 4th St Fort Dodge, IA 50501		50	<input type="checkbox"/>
11/23/10	ID# CK# 4044	Steve Long 503 10th St. SW Humboldt, IA 50548		100	<input type="checkbox"/>
11/23/10	ID# CK# 1159	Deb & Mike Schuh 931 So 19th St Fort Dodge, IA 50501		250	<input type="checkbox"/>
11/23/10	ID# 9743 CK# 191	Iowa Turkey Federation PAC P O Box 825 Ames, IA 50010		300	<input type="checkbox"/>
11/23/10	ID# CK# 01000	Mweck Employees PAC 601 Pennsylvania Ave NW North Bldg - Suite 1200		500	<input type="checkbox"/>
11/23/10	ID# CK# 21641	IBEW Educational Committee 900 Seventh Street NW Washington, DC 20001		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1,480	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

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11/22/10	ID# CK#	outstanding check #3178 dated 9/27/09		\$125	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 125

TOTAL (if last page of this schedule)

\$ 1,605

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen MillerC

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/6/10	ID# CK# 3228	The Messenger P O Box 659 Fort Dodge, IA 50501	advertising	\$ 850.08
11/22/10	ID# CK# 3230	Helen Miller 1936 15th Ave No Fort Dodge, IA 50501	robo calls (\$354) and office supplies (\$28.97)	382.97
11/22/10	ID# CK# 3231	Carter Printing 1738 East Grand Ave Des Moines, IA 50316	postcards (1,000)	190.80
11/22/10	ID# CK# 3232	Heather Strachan P O Box 244 Humboldt, IA 50548	work on campaign	365.00
	ID# CK# 3233	VOID - stopped payment		
12/17/10	ID# CK# 3234	Helen Miller 1936 15th Ave No Fort Dodge, IA 50501	fax machine, ink cartridges & office supplies (\$195.60), airline tickets & hotel for NBCSL conf (\$1,417.64)	1,603.24
12/20/10	ID# CK#	First Federal Savings Bank Fort Dodge, IA 50501	stop payment charge (\$29) and sales tax (\$2.03)	31.03
12/23/10	ID# CK# 3235	The Messenger P O Box 659 Fort Dodge, IA 50501	advertising	652.70
SUB-TOTAL				\$ 4,075.82
TOTAL (if last page of this schedule)				\$ 4,075.82

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

RESET

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

SCHEDULE

H

(Rev. 02/08)

CAMPAIGN
PROPERTYATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
7/23/09	Computer	1612.93	1075.29
1/23/10	Scanner	184.43	184.43
8/23/10	IPAD & accessories for same	855.72	855.72
12/17/10	Fax machine	99.99	99.99

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 2215.43

* If estimated, show **est.** beside figure.**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ _____ \$ _____

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____

(Attach Additional Schedules if Needed)